Rubella Surveillance Worksheet

NAME (Last, First) | Hospital Record No.

Address (Street and No.) | City | County | Zip | Phone

Reporting Physician/Nurse/Hospital/Clinic/Lab | Address | Phone

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Rubella Surveillance Worksheet

County | State | Zip

Birth Date (Month, Day, Year)

Age (Unk = 999)

Age Type: 0 = 0-120 years; 1 = 0-11 months; 2 = 0-52 weeks; 3 = 0-28 days; 9 = Age unknown

Ethnicity: H = Hispanic; N = Not Hispanic; U = Unknown

Race: N = Native Amer./Alaskan Native; A = Asian/Pacific Islander; B = African American; W = White; O = Other; U = Unknown

Sex: M = Male; F = Female; U = Unknown

Event Date (Month, Day, Year)

Event Type: 1 = Onset Date; 2 = Diagnosis Date; 3 = Lab Test Date; 4 = Reported to County; 5 = Reported to State or MMWR Report Date; 9 = Unknown

Outbreak Associated (Unk = 999)

Reported (Month, Day, Year)

Imported: 1 = Indigenous; 2 = International; 3 = Out of State; 9 = Unknown

Report Status: 1 = Confirmed; 2 = Probable; 3 = Suspect; 9 = Unknown

CLINICAL DATA

Any Rash? Y = Yes; N = No; U = Unknown

Rash Onset (Month, Day, Year)

Rash Duration (0 - 30 Days; 99 = Unknown)

Fever? Y = Yes; N = No; U = Unknown

If Recorded, Highest Measured Temp. (36.0 - 110.0 Degrees; 999.9 = Unknown)

Arthralgia/Arthritis? Y = Yes; N = No; U = Unknown

Lymphadenopathy? Y = Yes; N = No; U = Unknown

Conjunctivitis? Y = Yes; N = No; U = Unknown

COMPLICATIONS

Encephalitis? Y = Yes; N = No; U = Unknown

Arthralgia/Arthritis? Y = Yes; N = No; U = Unknown

Thrombocytopenia? Y = Yes; N = No; U = Unknown

Died? Y = Yes; N = No; U = Unknown

Other Complications? Y = Yes; N = No; U = Unknown

If Yes, Please Specify:

Hospitalized? Y = Yes; N = No; U = Unknown

Days Hospitalized (0 - 998; 999 - Unknown)

LABORATORY

Was Laboratory Testing For Rubella Done? Y = Yes; N = No; U = Unknown

Date IgM Specimen Taken (Month, Day, Year)

Result: P = Positive; N = Negative; I = Indeterminate; E = Pending; X = Not Done; U = Unknown

Date IgG Acute Specimen Taken (Month, Day, Year)

Result: P = Significant Rise in IgG; N = No Significant Rise in IgG; I = Indeterminate; E = Pending; X = Not Done; U = Unknown

Date IgG Convalescent Specimen Taken (Month, Day, Year)

Other Lab Result: P = Positive; N = Negative; I = Indeterminate; E = Pending; X = Not Done; U = Unknown

Specify Other Lab Method:

VACCINE HISTORY

Vaccinated? (Received rubella-containing vaccine?) Y = Yes; N = No; U = Unknown

Vaccination Date (Month, Day, Year)	Vaccine Type	Vaccine Manuf.	Lot Number

Vaccine Type Codes: A = MMR; B = Rubella; O = Other; U = Unknown

Vaccine Manuf. Codes: M = Merck; O = Other; U = Unknown

Number of doses received ON or AFTER 1st birthday

If Not Vaccinated, What Was The Reason?

1 = Religious Exemption; 2 = Medical Contraindication; 3 = Philosophical Objection; 4 = Lab. Evidence of Previous Disease; 5 = MD Diagnosis of Previous Disease; 6 = Under Age For Vaccination; 7 = Parental Refusal; 8 = Other; 9 = Unknown

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department (Month, Day, Year)

Date Case Investigation Started (Month, Day, Year)

Transmission Setting (Where did this case acquire rubella?)

1 = Day Care; 2 = School; 3 = Doctor's Office; 4 = Hospital Ward; 5 = Hospital ER; 6 = Hospital Outpatient Clinic; 7 = Home; 8 = Work; 9 = Unknown; 10 = College; 11 = Military; 12 = Correctional Facility; 13 = Church; 14 = International Travel; 15 = Other

Were Age and Setting Verified? (Is age appropriate for setting, i.e. under 16 and in school, etc.) Y = Yes; N = No; U = Unknown

If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?

Outbreak Related? Y = Yes; N = No; U = Unknown

If Yes, Outbreak Name

Source of Exposure For Current Case

Enter State ID if source was an in-state case
Enter Country if source was out of USA
Enter State if source was out-of-state

Epi-Linked to Another Confirmed or Probable Case? Y = Yes; N = No; U = Unknown

Note: This form has 2 sides

■ Indicates epidemiologically important items not yet on NETSS screen

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PREGNANT WOMEN

Was The Case Pregnant?
☐ Y = Yes
N = No
U = Unknown

Number of Weeks Gestation (or Trimester) at Onset of Illness ☐☐☐
1st = First Trimester
2nd = Second Trimester OR
3rd = Third Trimester

1 = 1 Week
2 = 2 Weeks
3 = 3 Weeks
. . . .
. . . .
(etc. – continue up to 45 weeks)

Prior Evidence of Serological Immunity?
☐ Y = Yes
N = No
U = Unknown

Year of Test ☐☐☐☐ OR **Age of Patient at Time of Test** ☐☐
1940 - 2010
0 - 50
99 = Unknown

Was Previous Rubella Serologically Confirmed?
☐ Y = Yes
N = No
U = Unknown

Year of Disease ☐☐☐☐ OR **Age of Patient at Time of Disease** ☐☐
1940 - 2010
0 - 50
99 = Unknown

The information below is epidemiologically important, but not included on NETSS screens

Country of Birth

Contact(s) to Case in Case's Infectious Period (7 Days Before to 7 Days After Rash Onset) Who Are in 1st 6 Months of Pregnancy

Name	Address/Phone	Documented Prior Rubella Immunization?	Documented Rubella Seropositivity Before or Within 7 Days After First Exposed?	If No or Unknown, Action Taken -- Rubella Serology, etc.
		☐ Y = Yes N = No U = Unknown If Yes, Date ☐☐ Month ☐☐ Day ☐☐ Year	☐ Y = Yes N = No U = Unknown	
		☐ Y = Yes N = No U = Unknown If Yes, Date ☐☐ Month ☐☐ Day ☐☐ Year	☐ Y = Yes N = No U = Unknown	
		☐ Y = Yes N = No U = Unknown If Yes, Date ☐☐ Month ☐☐ Day ☐☐ Year	☐ Y = Yes N = No U = Unknown	

Group Contact(s) to Case in Case's Infectious Period (7 Days Before to 7 Days After Rash Onset), i.e. Households, Child Care Center, School, College, Workplace, Jail/Prison, Physician's Office/Clinic/Hospital/Emergency Room, etc..

Name of Group/Site	Address/Phone/Contact Person	Notes

Clinical Case Definition*:
An illness that has all of the following characteristics: acute onset of generalized maculopapular rash, temperature > 99.0 F (>37.2 C), if measured, and arthralgia/arthritis, lymphadenopathy, or conjunctivitis.

Case Classification*:
Suspected: Any generalized rash illness of acute onset.
Probable: A case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case.
Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case.

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):39. (h:\esd\cvpd\surveil\forms\rubella.pre 2/98)